LAKEVIEW MANOR/GATEWAY FDD

E5406 CTY TRK AA

WEYAUWEGA 54983 Phone:	(920) 867-2183	Own	ership:	Coun	ıty			
Operated from 1/1 To 12/31 Days	of Operation:	365 Hig	hest Level License:	FDDs				
Operate in Conjunction with Hospital	l?	No Ope	Operate in Conjunction with CBRF? No					
Number of Beds Set Up and Staffed	(12/31/02):	24 Tit	le 18 (Medicare) Certified?	No				
Total Licensed Bed Capacity (12/31/0	02):	25 Tit	le 19 (Medicaid) Certified?	Yes				
Number of Residents on 12/31/02:		23 Ave	rage Daily Census:	21				
*********	*****	******	********	*****	*****			
Services Provided to Non-Residents	Age, Sex	, and Primary Dia	gnosis of Residents (12/31/0	02)	Length of Stay (12/31/02)			
	No Primary No	-	% Age Groups 	 % 	Less Than 1 Year 1 - 4 Years			
Supp. Home Care-Household Services			!	47.8	More Than 4 Years			

		- 		.	
Home Health Care	No Primary Diagnosis	% Age Groups	%	I and the second	8.7
Supp. Home Care-Personal Care	No			1 - 4 Years	26.1
Supp. Home Care-Household Services	No Developmental Disabilitie	s 100.0 Under 65	47.8	More Than 4 Years	65.2
Day Services	No Mental Illness (Org./Psy)	0.0 65 - 74	30.4	1	
Respite Care	Yes Mental Illness (Other)	0.0 75 - 84	21.7	1	100.0
Adult Day Care	No Alcohol & Other Drug Abus	e 0.0 85 - 94	0.0	********	*****
Adult Day Health Care	No Para-, Quadra-, Hemiplegi	c 0.0 95 & Over	0.0	Full-Time Equivale	ent
Congregate Meals	No Cancer	0.0		Nursing Staff per 100 F	Residents
Home Delivered Meals	No Fractures	0.0	100.0	(12/31/02)	
Other Meals	No Cardiovascular	0.0 65 & Over	52.2		
Transportation	No Cerebrovascular	0.0		RNs	5.1
Referral Service	No Diabetes	0.0 Sex	8	LPNs	8.2
Other Services	No Respiratory	0.0		Nursing Assistants,	
Provide Day Programming for	Other Medical Conditions	0.0 Male	43.5	Aides, & Orderlies	46.5
Mentally Ill	No	Female	56.5	1	
Provide Day Programming for		100.0		1	
Developmentally Disabled	Yes	1	100.0	1	

Method of Reimbursement

		edicare itle 18			edicaid		(Other		P:	rivate Pay			amily Care			anaged Care	l 		
Level of Care	No.	Ŷ	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				23	100.0	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	23	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		23	100.0		0	0.0		0	0.0		0	0.0		0	0.0		23	100.0

LAKEVIEW MANOR/GATEWAY FDD

*******	*****	*****	*****	*****	*****	******	*****
Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:	1	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	50.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	4.3		30.4	65.2	23
Other Nursing Homes	0.0	Dressing	4.3		34.8	60.9	23
Acute Care Hospitals	0.0	Transferring	56.5		0.0	43.5	23
Psych. HospMR/DD Facilities	0.0	Toilet Use	4.3		56.5	39.1	23
Rehabilitation Hospitals	50.0	Eating	52.2		30.4	17.4	23
Other Locations	0.0	*****	*****		*****	*******	*****
Total Number of Admissions	2	Continence		%	Special Treatm	nents	양
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	0.0	Receiving Re	spiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	60.9	Receiving Tr	acheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	73.9	Receiving Su	ctioning	0.0
Other Nursing Homes	0.0				Receiving Os	stomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tu	be Feeding	0.0
Psych. HospMR/DD Facilities	100.0	Physically Restrained	d	0.0	Receiving Me	chanically Altered Diets	39.1
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	0.0	With Pressure Sores		0.0	Have Advance	Directives	100.0
Total Number of Discharges	1	With Rashes		0.0	Medications		
(Including Deaths)	1				Receiving Ps	ychoactive Drugs	65.2

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		DD ilities		All ilties	
	% 	%	Ratio	용	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	84.0	83.9	1.00	85.1	0.99	
Current Residents from In-County	65.2	38.2	1.71	76.6	0.85	
Admissions from In-County, Still Residing	0.0	18.5	0.00	20.3	0.00	
Admissions/Average Daily Census	9.5	20.3	0.47	133.4	0.07	
Discharges/Average Daily Census	4.8	23.6	0.20	135.3	0.04	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	52.2	15.3	3.41	87.7	0.60	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
<pre>Impaired ADL (Mean) *</pre>	61.7	54.0	1.14	49.3	1.25	
Psychological Problems	65.2	48.2	1.35	54.0	1.21	
Nursing Care Required (Mean)*	4.9	11.3	0.43	7.2	0.68	